

PATENT PROSECUTION RECEIPT OF FILING

142467

Venable Filing Number

42339-199894

Atty. Docket No:

Title of Application:

REMOTE MANAGEMENT AND PROVISIONING OF A SYSTEM ACROSS A NETWORK
BASED CONNECTION

Application No:

Patent No. :

Attorney/LAA: CJS:cja

PTO Due Date:

Current Date: October 12, 2007

Issue Date:

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

- Transmittal Form SB-21
- Fee Transmittal Form SB-17
- New U.S. Patent Application
(pages of specification/claims)
- Rule 53(d) Continued Prosecution Application
- Rule 53(b) Continuation or Divisional Application
(attach copy of specification, claims, drawings and declaration)
- U.S. National Stage Application of PCT Application
- Request for Continued Examination (RCE) under 37 CFR 1.114
- Application Data Sheet
- Substitute Specification
- Priority Document-Cert. Copy of Appln.#: _____; Country: _____; Date Filed: _____
- Formal Drawings (sheets, Figs.)
- Inventor Declaration
- Assignment w/Cover Sheet
- Response to Notice to File Missing Parts
- Response to Notice to File Missing Requirements
- Response to Requirement
- Yellow filing receipt
- Amendment Transmittal
- Amendment
- Petition/Request for Extension of Time (mo. ext.)
- Power of Attorney
- Terminal Disclaimer
- Notice of Appeal
- Appeal Brief (in triplicate) / Reply Brief (in triplicate)
- Request for Oral Hearing
- Confirmation of Hearing Petition
- Issue Fee Transmittal
- Certificate of Correction
- Maintenance Fee Transmittal
- Status Inquiry
- Other: (Please describe below)

U.S. PTO FEES ENCLOSED

- | |
|--|
| <input type="checkbox"/> Filing Fee |
| <input type="checkbox"/> Search Fee |
| <input type="checkbox"/> Examination Fee |
| <input type="checkbox"/> Additional Claim Fee |
| <input type="checkbox"/> Extension Fee |
| <input type="checkbox"/> IDS Fee |
| <input type="checkbox"/> Recordation Fee |
| <input type="checkbox"/> Notice of Appeal Fee |
| <input type="checkbox"/> Brief on Appeal |
| <input type="checkbox"/> Oral Hearing Request Fee |
| <input type="checkbox"/> Petition Fee |
| <input type="checkbox"/> Issue Fee |
| <input type="checkbox"/> Maintenance Fee |
| <u>Other Fees (Describe)</u>

 |

0.00 **Total Fees Paid**

Charge the above fees as follows:

 USPTO Deposit Account No. 22-0261 USPTO Deposit Account No. _____ USPTO not to charge any Deposit Account

Reviewed By:

C. Sussell

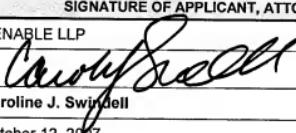
Signature of Attorney

10/12/2007

Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number	10/812,019-Conf. #2791
		Filing Date	March 30, 2004
		First Named Inventor	Vincent J. Zimmer
		Art Unit	2136
		Examiner Name	D. G. Cervetti
(to be used for all correspondence after initial filing)		Total Number of Pages in This Submission	4
		Attorney Docket Number	42339-199894

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form SB-17	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Transmittal Form SB-21	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Yellow Filing Receipt	<input type="checkbox"/> Power of Attorney, Revocation or Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	VENABLE LLP	
Signature		
Printed name	Caroline J. Swindell	
Date	October 12, 2007	Reg. No. 56,784

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL		Application Number	10/812,019-Conf. #2791
For FY 2008		Filing Date	March 30, 2004
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Vincent J. Zimmer
TOTAL AMOUNT OF PAYMENT	(\$). 00	Examiner Name	D. G. Cervetti
		Art Unit	2136
		Attorney Docket No.	42339-199894

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261		Deposit Account Name: Venable LLP		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Change any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEES CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
Each claim over 20 (including Reissues)							Fee (\$)
Each independent claim over 3 (including Reissues)							Fee (\$)
Multiple dependent claims							Fee (\$)
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			Fee (\$)
17	- 21 = 0	x 50.00	= 0.00				Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			Fee (\$)
5	- 7 = 0	x 210.00	= 0.00				Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____	= _____	Fee Paid (\$)			
4. OTHER FEE(S)							
Non-English Specification. \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	56,784	Telephone (703) 760-1676
Name (Print/Type)	Caroline J. Swindell		Date	10/12/2007	

AMENDMENT TRANSMITTAL LETTERDocket No.
42339-199894Application No.
10/812,019-Conf. #2791Filing Date
March 30, 2004Examiner
D. G. CervettiArt Unit
2136

Applicant(s): Zimmer et al.

**REMOTE MANAGEMENT AND PROVISIONING OF A SYSTEM
ACROSS A NETWORK BASED CONNECTION****TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

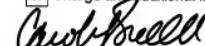
CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 21 =	0	x 50.00	0.00
Independent Claims	5	- 7 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					

Other fee (please specify):

TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:

0.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 22-0261
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Caroline J. Swindell
Attorney/Agent Reg. No.: 56,784

Dated: 10/12/2007

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